

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: <u>0 1 - 0 0 3</u>	2. STATE: NH
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 1/1/01	

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN
 ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN
 ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: a. FFY _____ \$ _____ b. FFY _____ \$ _____
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, page 6-a Attachment 3.1-B, page 5-b	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, page 6-a Attachment 3.1-B, page 5-b


10. SUBJECT OF AMENDMENT:

Adult Medical Day Care

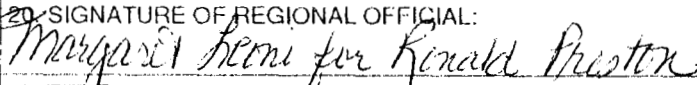
11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:
Comments, if any, will follow.

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Maralyn Doyle Department of Health and Human Services 129 Pleasant Street Concord, NH 03301
13. TYPED NAME: Donald L. Shumway	
14. TITLE: Commissioner	
15. DATE SUBMITTED: 3/28/01	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: March 28, 2001	18. DATE APPROVED: 5/16/01
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2001	
21. TYPED NAME: Ronald Preston	20. SIGNATURE OF REGIONAL OFFICIAL:  22. TITLE: Associate Regional Administrator Division of Medicaid and State Operations

23. REMARKS:

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE SERVICES PROVIDED

13 a. b. c. d. Other Diagnostic, Screening, Preventive and Rehabilitative Services

These services are generally covered under other types of services described elsewhere in this plan.

Additional Diagnostic, Screening, Preventive and Rehabilitative Services reimbursed by Medicaid include:

- those provided for eligible adults and children within screening programs such as Head Start, the Public School systems, and medical and dental screening programs conducted as part of approved and organized day care programs.
- those provided by agencies under current Bureau of Maternal and Child Health, Office of Community and Public Health, contract obligation.

Mental Health Services (Division of Behavioral Health) are covered as follows:

The limit for all community mental health services shall be \$1,800 (Medicaid reimbursement) per recipient per state fiscal year. Medicaid recipients shall qualify to exceed the \$1,800 limit if the community mental health program certifies that the recipient meets the criteria for one of the Division of Behavioral Health (DBH) eligibility categories.

Individual community mental health service limits shall also apply.

Any such services provided by an out-of-state provider require prior authorization for reimbursement.

Other Preventive and Rehabilitative Services covered include:

- those provided in a facility specifically designated for intensive inpatient rehabilitation services such as the Crotched Mountain Rehabilitation Center or one of such facilities in Massachusetts. Prior Authorization is required.
- adult medical day care services provided in a licensed facility. Payment for adult medical day care services is made only when the recipient is determined to be medically frail and/or elderly by a physician and is not residing in an institution. Recipients must attend adult medical day care for a minimum of two days per week, five hours per day.
- early intervention services include client centered family training and counseling, developmental training, speech therapy, occupational therapy, and physical therapy. Specifically excluded from coverage are direct child day care, case management, and child transportation; the latter two being Medicaid covered services already.

TN No. 01-003
Supersedes
TN No. 98-03

Approval Date 5/10/01

Effective Date 1/1/01

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